



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**VISION SCREENING ANNUAL REPORT**

**(1<sup>st</sup> AND 3<sup>rd</sup> GRADES)**

**SCHOOL AND PREPARER INFORMATION**

DISTRICT:

DISTRICT CODE:

FORM COMPLETED BY:

DATE SUBMITTED:

PREPARER CONTACT INFORMATION:

	1 <sup>st</sup> Screening Information		Rescreen Information		Referral Information		Comprehensive Exam Results		Payment Information	
Grade	Number of Students Screened	Number Passing Screening	Number of Students Rescreened	Number Passing Screening	No Referral at This Time	Referred for Comprehensive Exam	Normal (No Abnormality)	Positive Findings	BEST Fund Voucher	Insurance / Other
1 <sup>st</sup>										
3rd										
Total										

**Comments:**